Part I: CoC Organizational Structure

HUD-defined CoC Name:*	CoC Number*
Lincoln CoC	NE-502

A: CoC Lead Organization Chart

CoC Lead Organization:	City of Lincoln, Urban Development Department
CoC Contact Person:	Bradd Schmeichel
Contact Person's Organization Name:	City of Lincoln/Urban Development Department
Street Address:	808 P Street

City: Lincoln	State: NE	Zip: 68508

Phone Number: (402) 441-7856	Fax Number: (402) 441-8711
Email Address: bschmeichel@ci.lincoln.ne.us	

CoC-A

B: CoC Geography Chart

Using the Geographic Area Guide found on HUD's website at http://www.hud.gov/offices/adm/grants/fundsavail.cfm. List the name and the six-digit geographic code number for **every** city and/or county participating within your CoC. Because the geography covered by your CoC will affect your pro rata need amount, it is important to be accurate. Leaving out a jurisdiction will reduce your pro rata need amount. For further clarification, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping CoC systems.

Geographic Area Name	6-digit Code	Geographic Area Name	6-digit Code
Lincoln NE	311710		

CoC-B

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

The purpose of the CoC Groups and Meetings Chart is to help HUD understand the current structure and decision-making processes of your CoC. List the name and role (function served) of each group in the CoC planning process. Under "CoC Primary Decision-Making Group," identify only one group that acts as the primary leadership or decision-making group for the CoC. Indicate frequency of meetings and the number of organizations participating in each group. Under "Other CoC Committees, Sub-Committees, Workgroups, etc." you should include any established group that is part of your CoC's organizational structure (add rows to the chart as needed). Please limit your description of each organization's role to 2 lines or less.

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/ entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
COC Primary Decision-Making Group (list only one group)						
Name:	**Homeless Coalition Executive Committee**	X				9
Role:	Overall administration of CoC activities, i.e., determine monthly agendas, short-term planning, needs analysis, identify gaps, explore funding opportunities for the CoC system, provides technical assistance to service providers, etc…..					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	**Public Awareness & Education**	X				7
Role:	Responsible for bi-annual newsletter, coordination of yearly recognition event, and dissemination of press releases and educational materials to the public					
Name:	**Point-In-Time**	X				4
Role:	Responsible for conducting and analyzing bi-annual Point-In-Time counts, i.e., reviewing and improving Point-In-Time count process, volunteer recruitment, Point-In-Time training, distribution and review of Point-In-Time data collection instruments with CoC					
Name:	**Consumer Engagement**	X				4
Role:	Responsible for obtaining feedback from consumer representatives, in addition to assisting with the administration and coordination of consumer representative activities.					
Name:	**Long Range Planning**	X				5
Role:	Responsible for the research, development, and production of Lincoln's 10 Year Plan to End Chronic Homelessness, in addition to coordination of discharge planning efforts and coordination with the State of Nebraska Plan to End Chronic Homelessness.					
Name:	**By-Laws/501c3**	X				3
Role:	Responsible for the creation of the Lincoln CoC By-Laws, in addition to the examination and study of the creation of a 501 c 3 entity.					
Name:	**Supportive Housing Program**	X				6
Role:	Responsible for assistance in developing the SHP application.					

CoC-C

D: CoC Planning Process Organizations Chart

List the names of all organizations involved in the CoC under the appropriate category. If more than one geographic area is claimed on the 2006 Geography Chart (Chart B), you must indicate which geographic area(s) each organization represents in your CoC planning process. In the last columns, identify no more than two subpopulation(s) whose interests the organization is specifically focused on representing in the CoC planning process. For "Homeless Persons," identify at least 2 homeless or formerly homeless individuals.

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
	LOCAL GOVERNMENT AGENCIES			
	Lincoln Mayor's Office	LINCOLN NE 311710		
	Lincoln City Council	LINCOLN NE 311710		
	City of Lincoln Urban Development Department	LINCOLN NE 311710		
	Lancaster County Human Services	LINCOLN NE 311710		
	Lincoln/Lancaster County Health Department	LINCOLN NE 311710	HIV	
	Community Mental Health Center	LINCOLN NE 311710	SMI	
	PUBLIC HOUSING AGENCIES			
	Lincoln Housing Authority	LINCOLN NE 311710		
	SCHOOL SYSTEMS / UNIVERSITIES			
	Lincoln Public Schools	LINCOLN NE 311710		
	University of Nebraska – Lincoln	LINCOLN NE 311710		
	LAW ENFORCEMENT / CORRECTIONS			
	Lincoln Police Department	LINCOLN NE 311710		
	University of Nebraska Police Department	LINCOLN NE 311710		
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	Greater Lincoln Workforce Investment Board	LINCOLN NE 311710		
	OTHER			
	Region V Systems	LINCOLN NE 311710	SMI	SA
	NON-PROFIT ORGANIZATIONS			
	Cedars Youth Services	LINCOLN NE 311710	Y	
	Center for Children, Families, and the Law	LINCOLN NE 311710		
	CenterPointe, Inc.	LINCOLN NE 311710	SMI	SA
	Cornhusker Place	LINCOLN NE 311710	SA	
	Fresh Start	LINCOLN NE 311710		
	Friendship Home	LINCOLN NE 311710	DV	
	Houses of Hope	LINCOLN NE 311710	SA	
	Lincoln Action Program	LINCOLN NE 311710		
	Matt Talbot Kitchen & Outreach	LINCOLN NE 311710		
	Nebraska AIDS Project	LINCOLN NE 311710	HIV	
	Nebraska Legal Services	LINCOLN NE 311710		
	People's City Mission	LINCOLN NE 311710		
	Rape/Spouse Abuse Crises Center	LINCOLN NE 311710	DV	
	St. Monica's	LINCOLN NE 311710	SA	
	The HUB	LINCOLN NE 311710	Y	
	The Veterans Center	LINCOLN NE 311710	VET	
	FAITH-BASED ORGANIZATIONS			
	Catholic Social Services	LINCOLN NE 311710		
	St. Vincent De Paul	LINCOLN NE 311710		

Lutheran Family Services	LINCOLN NE 311710		
FUNDERS / ADVOCACY GROUPS			
Lincoln Community Foundation	LINCOLN NE 311710		
Lincoln/Lancaster United Way	LINCOLN NE 311710		
Woods Charitable Fund	LINCOLN NE 311710		
Urban Development Department Community Development Task Force Continuum of Care Committee	LINCOLN NE 311710		
BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
Wells Fargo Bank	LINCOLN NE 311710		
HOSPITALS / MEDICAL REPRESENTATIVES			
BRYAN LINCOLN GENERAL HOSPITAL	LINCOLN NE 311710		
HOMELESS PERSONS			
Lincoln Homeless Coalition Consumer Involvement Committee	LINCOLN NE 311710		
OTHER			

*Subpopulations Key: Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), CoC-D HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

E: CoC Governing Process Chart

HUD is moving toward providing greater definition and setting standards on the governing process of Continuums of Care. Check the box for each question below, and explain briefly if necessary.

	Yes	No
1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain.	☒	☐
2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain.	☒	☐
3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain.	☒	☐
4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain. *The Chair and Co-Chair are selected in an open democratic vote, as defined in the Lincoln CoC By-Laws. However, private/public representation of Chairs and Co-Chairs is in not mandated by the By-Laws, or required on a rotating basis.*	☐	☒

5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain.	☒	☐
6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they recused themselves from considering projects in which they have an interest? If no, please explain.	☒	☐
7. Does the CoC have a fiscal agent designated to receive funds from HUD?	☐	☒
8. If your Continuum has not yet complied with *any* of the above broad standards for the CoC planning and decision-making process, please describe the extent to which your CoC will meet each guideline by the 2007 competition. *The Lincoln CoC By-Law Committee will review Private/Public representation requirements for the Chair and Co-Chair positions, and amend the By-Laws if necessary to require the Public/Private representation.*		

CoC-E

F: CoC Project Review and Selection Chart

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in 2006 to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

1. Open Solicitation				
a. Newspapers	☐	e.	Outreach to Faith-Based Groups	☒
b. Letters to CoC Membership	☒	f.	Announcements at CoC Meetings	☒
c. Responsive to Public Inquiries	☒	g.	Announcements at Other Meetings	☒
d. Email CoC Membership/Listserv	☒			

2. Objective Rating Measures and Performance Assessment				
a. CoC Rating & Review Committee Exists	☒	j.	Assess Spending (fast or slow)	☒
b. Review CoC Monitoring Findings	☒	k.	Assess Cost Effectiveness	☒
c. Review HUD Monitoring Findings	☒	l.	Assess Provider Organization Experience	☒
d. Review Independent Audit	☐	m.	Assess Provider Organization Capacity	☒
e. Review HUD APR	☒	n.	Evaluate Project Presentation	☒
f. Review Unexecuted Grants	☒	o.	Review CoC Membership Involvement	☒
g. Site Visit(s)	☐	p.	Review Match	☒
h. Survey Clients	☒	q.	Review Leveraging	☒
i. Evaluate Project Readiness	☒			

3. Voting/Decision System				
a. Unbiased Panel / Review Committee	☒	e.	All CoC Present Can Vote	☒
b. Consumer Representative Has a Vote	☒	f.	Consensus	☒
c. CoC Membership Required to Vote	☒	g.	Abstain if conflict of interest	☒
d. One Vote per Organization	☒			

CoC-F

G: CoC Written Complaints Chart

Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?	☐
If Yes, briefly describe the complaints and how they were resolved.	
N/A	

CoC-G

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

Using the format below, list the provider organizations and identify the service components currently being provided within your CoC. Place the name of each provider organization only once in the first column (add rows to the chart as needed), followed by an "X" in the appropriate column(s) corresponding to the service(s) provided by the organization. CoCs will only need to update this chart every other year.

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Heath Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Catholic Social Services		X	X	X					X						X	X		X
Cedars Youth Services				X		X			X	X		X	X		X	X	X	X
Center for Children, Families, and the Law				X														
CenterPointe, Inc.		X	X						X	X	X	X	X					
Community Mental Health Center		X	X			X			X	X		X	X			X		X
Cornhusker Place									X	X	X		X					
Fresh Start				X					X	X	X							
Friendship Home				X					X	X		X						
Houses of Hope											X							
The HUB				X											X	X		
Lincoln Action Program	X	X	X	X	X		X		X	X	X	X	X		X	X	X	X
Lincoln Housing Authority	X	X		X					X									
Lincoln/Lancaster County Health Dept				X			X		X				X	X	X			
Lincoln Police Department						X		X										
Lutheran Family Services				X					X	X	X	X						
Matt Talbot Kitchen & Outreach				X		X			X	X			X					
Nebraska AIDs Project										X			X	X				
Nebraska Legal Services				X	X													
People's City Mission				X					X	X			X				X	X
People's Health Center													X	X				
Rape/Spouse Abuse Crises Center				X					X			X						
Region V Systems		X	X	X					X	X								
St. Monica's		X	X	X					X	X	X	X						
St. Vincent de Paul		X	X															
The Veterans Center				X					X									

CoC-H

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under "new inventory" should indicate beds that became available for occupancy for the first time between February 1, 2005 and January 31, 2006. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code ⊠	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seas-onal	Overflow & Voucher
Current Inventory			Ind.	Fam.									
People's City Mission	Family Shelter	1	31	118	311710	FC		40	118	31	149	0	15
People's City Mission	Men's Shelter	1	120	0		SM		0	0	120	120	0	15
Friendship Home	Emergency Shelter	F	0	0		FC	DV	16	39	0	39	0	30
Cedars	Cedar's Home	5	12	0		YMF		0	0	12	12	0	0
Cedars	Freeway	5	12	0		YMF		0	0	12	12	0	0
SUBTOTALS:			175	118	**SUBTOT. CURRENT INVENTORY:**			56	157	175	332	0	60
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.									
Friendship Home	Emergency Shelter	F	0	0		FC	DV	0	0	5	5	0	0
SUBTOTALS:			0	0	**SUBTOTAL NEW INVENTORY:**			0	0	5	5	0	0
Inventory Under Development		Anticipated Occupancy Date											
Friendship Home	Emergency Shelter	12/06				FC	DV	0	0	6	6	0	0
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	6	6	0	0
Unmet Need					**UNMET NEED TOTALS:**			16	48	221	270	0	0

1. Total Year-Round Individual ES Beds:	175	4. Total Year-Round Family Beds: — 157
2. Year-Round Individual ES Beds in HMIS:	175	5. Year-Round Family ES Beds in HMIS: — 118
3. HMIS Coverage Individual ES Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.	100%	6. HMIS Coverage Family ES Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number. — 75%

CoC-I

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code ☒	Target Pop		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Family Units	Family Beds	Individ. Beds	
Current Inventory											
Catholic Social Services	Transitional	5	0	28	311710	FC		7	28	0	28
Lincoln Action Program	Transitional	5	0	165		FC		55	165	0	165
Friendship Home		F	0	0		FC	DV	6	19	0	19
CenterPointe	Glide	8	0	0		SMF		0	0	22	22
CenterPointe	Residential	8	0	0		M		0	0	25	25
Houses of Hope	Transitional Residential	1	41	0		SMF		0	0	41	41
Cedars	TLC	5	2	16		FC		9	16	2	18
Cedars	TLP	5	12	16		M		8	16	12	28
Cedars	New Futures	5	0	10		FC		4	10	0	10
Community Mental Health	Transitional	N	0	0		SMF		0	0	12	12
Community Mental Health	Independent Living	N	0	0		SMF		0	0	21	21
Cornhusker Place		P	0	0		M		0	0	21	21
Lutheran Family Services	The Bridge	1	13	0		SMF		0	0	13	13
St. Monica's		5	10	6		FC		3	6	10	16
Fresh Start		1	16	0		SF		0	0	16	16
People's City Mission	Men's Restoration	1	13	2		SM		1	2	13	15
People's City Mission	Women's Restoration	1	31	0		SF		0	0	31	31
HEATHER		P	0	0		SM		0	0	41	41
Lincoln Housing Authority	Homeless Vouchers	N	0	0		M		0	55	10	65
Houses of Hope/CenterPointe	Touchstone	1	18	0		MF		0	0	18	18
SUBTOTALS:			156	243	**SUBTOT. CURRENT**			93	317	308	625

11

				INVENTORY:			
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)		Ind.	Fam.				
N/A							
SUBTOTALS:				**SUBTOTAL NEW INVENTORY:**	0	0	0	0
Inventory Under Development		Anticipated Occupancy Date					
Fresh Start		August, 2006		SF	0	0	6	6
SUBTOTAL INVENTORY UNDER DEVELOPMENT:					0	0	6	6
Unmet Need UNMET NEED TOTALS:					25	187	68	245

1. Total Year-Round Individual TH Beds:	308	4. Total Year-Round Family Beds:	317
2. Year-Round Individual TH Beds in HMIS:	156	5. Year-Round Family TH Beds in HMIS:	243
3. HMIS Coverage Individual TH Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.	51%	6. HMIS Coverage Family TH Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.	77%

I: CoC Housing Inventory Charts   CoC-I

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart										
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code ☒	Target Population		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individual /CH Beds	
Current Inventory			Ind.	Fam.							
	SUBTOTALS:				SUBTOT. CURRENT INVENTORY:						
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
CenterPointe	Permanent Housing	8	0	0	311710	SMF		0	0	30	30
	SUBTOTALS:		0	0	SUBTOTAL NEW INVENTORY:			0	0	30	30
Inventory Under Development		Anticipated Occupancy Date									
CenterPointe	S+C for the Chronically Homeless	1/07				SMF		0	0	4	4
Cornhusker Place		9/06				SMF		0	0	9	9
		SUBTOTAL INVENTORY UNDER DEVELOPMENT:						0	0	13	13
Unmet Need					UNMET NEED TOTALS:			0	0	132	132

1. Total Year-Round Individual PH Beds:	30	4. Total Year-Round Family Beds:	0
2. Year-Round Individual PH Beds in HMIS:	0	5. Year-Round Family PH Beds in HMIS:	0
3. HMIS Coverage Individual PH Beds: (Divide line 2 by line 1 and multiply by 100. Round to a whole number.)	0%	6. HMIS Coverage Family PH Beds: (Divide line 5 by line 4 and multiply by 100. Round to a whole number.)	0%

*Permanent Supportive Housing is: S+C, Section 8 SRO and SHP-Permanent Housing component. It also includes any permanent housing projects, such as public housing units, that have been dedicated exclusively to serving homeless persons.

J: CoC Housing Inventory Data Sources and Methods Chart

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time count during the last week of January 2006.

(1) Indicate date on which Housing Inventory count was completed: 3/24/06	
(2) Identify the *primary* method used to complete the Housing Inventory Chart (check one):	
☒	**Housing inventory survey to providers** – CoC distributed a housing inventory survey (via mail, fax, or e-mail) to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
☒	**On-site or telephone housing inventory survey** – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
☐	**HMIS** – Used HMIS data to complete the Housing Inventory Chart

(3) Indicate the percentage of providers completing the housing inventory survey:

100 %	Emergency shelter providers
100 %	Transitional housing providers
100 %	Permanent Supportive Housing providers

(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):

☒	**Instructions** – Provided written instructions for completing the housing inventory survey.
☒	**Training** – Trained providers on completing the housing inventory survey.
☒	**Updated prior housing inventory information** – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
☒	**Follow-up** – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
☒	**Confirmation** – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
☒	**HMIS** – Used HMIS to verify data collected from providers for Housing Inventory Chart.
☐	**Other** – specify:

Unmet Need:

(5) Indicate type of data that was used to determine unmet need (check all that apply):

☒	Sheltered count (point-in-time)
☒	Unsheltered count (point-in-time)
☒	Housing inventory (number of beds available)
☒	Local studies or data sources – specify: Utilized information from consumer surveys.
☐	National studies or data sources – specify:
☒	Provider opinion through discussions or survey forms
☐	Other – specify:

(6) Indicate the *primary* method used to calculate or determine unmet need (check one):

☐	**Stakeholder Discussion** – CoC stakeholders met and reviewed data to determine CoC's unmet need
☒	**Calculation** – Used local point-in-time (PIT) count data and housing inv. to calculate unmet need
☐	**Applied statistics** – Used local PIT enumeration data and applied national or other local statistics
☐	**HUD unmet need formula** – Used HUD's unmet need formula*
☐	**Other** – specify:

(7) If your CoC made adjustments to calculated unmet need, please explain how and why.

CoC Homeless Population and Subpopulations

K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Complete the following chart based on the most recent point-in-time count conducted. Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Include homeless Hurricane Katrina evacuees in Parts 1 and 2, and complete Part 3 if applicable. Part 3 may be completed using point-in-time information or may be estimated if no point-in-time count has been done since September 1, 2005. Completion of a point-in-time count of sheltered and unsheltered homeless persons during the last week in January 2006 is not required. The next required point-in-time count of sheltered and unsheltered homeless persons must be completed during the last week of January 2007. For further instructions for filling out this section, see the Instructions section.

Indicate date of last point-in-time count: _01/25/2005_

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	**Transitional**		
Number of Families with Children (Family Households):	28	129	35	192
1. Number of Persons in Families with Children:	111	297	142	550
2. Number of Single Individuals and Persons in Households without Children:	199	226	472	897
(Add Lines Numbered 1 & 2) Total Persons:	310	523	614	1,447

Part 2: Homeless Subpopulations	Sheltered	Unsheltered	Total
a. Chronically Homeless (For sheltered, list persons in emergency shelter *only*)	55	90	145
b. Severely Mentally Ill	70	*	70
c. Chronic Substance Abuse	123	*	123
d. Veterans	62	*	62
e. Persons with HIV/AIDS	8	*	8
f. Victims of Domestic Violence	170	*	170
g. Unaccompanied Youth (Under 18)	81	*	81

If applicable, complete the following section to the extent that the information is available. Be sure to indicate the source of the information by checking the appropriate box:

Data Source: ☐ Point-in-time count   **OR**   ☒ Estimate

Part 3: Hurricane Katrina Evacuees	Sheltered	Unsheltered	Total
Total number of Katrina evacuees	**35**		**35**
Of this total, enter the number of evacuees homeless **prior to** Katrina	0	0	0

*Optional for Unsheltered

L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

Complete the following charts based on the most recent point-in-time count conducted.

L-1: <u>Sheltered</u> Homeless Population and Subpopulations

(1) Check the *primary* method used to enumerate sheltered homeless persons in the CoC (check one):
☐ **Point-in-Time (PIT) <u>no interview</u>** – Providers did not interview sheltered clients during the point-in-time count
☐ **PIT <u>with interviews</u>** – Providers interviewed each sheltered individual or household during the point-in-time count
☐ **PIT <u>plus</u> sample of interviews** – Providers conducted a point-in-time count **and** interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)
☐ **PIT <u>plus</u> extrapolation** – Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
☐ **Administrative Data** – Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
☐ **HMIS** – CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
☒ **Other** – please specify: *Data from the 1/25/05 count was supplemented by information obtained during consumer survey project conducted on 10/19/05. More than 500 homeless individuals completed surveys, ranging from Street Outreach and Emergency Shelters to those in Transitional Housing programs. The Lincoln Homeless Coalition utilized HMIS to unduplicate and tabulate survey data.*
(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):
☒ **Instructions** – Provided written instructions to providers for completing the sheltered point-in-time count
☒ **Training** – Trained providers on completing the sheltered point-in-time count
☒ **Remind and Follow-up** – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
☒ **HMIS** – Used HMIS to verify data collected from providers for the sheltered point-in-time count
☐ **Other** – please specify:
(3) How often will sheltered counts of sheltered homeless people take place in the future?
☐ Biennial (every two years)
☐ Annual
☒ Semi-annual
☐ Other – please specify:
(4) Month and Year when next count of sheltered homeless persons will occur: _____
(5) Indicate the percentage of providers completing the populations and subpopulations survey:
100 %   Emergency shelter providers
100 %   Transitional housing providers
100 %   Permanent Supportive Housing providers

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:	
☒	**Public places count** – CoC conducted a point-in-time count <u>without</u> client interviews
☒	**Public places count with interviews** – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count
☐	**Sample of interviews** – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons
☐	**Extrapolation** – CoC conducted a point-in-time count and the information gathered from a sample of interviews was extrapolated to total population of unsheltered homeless people counted
☐	**Public places count using probability sampling** – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to enumerate on the night of the count and extrapolated results to estimate the entire homeless population.
☒	**Service-based count** – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons
☐	**HMIS** – Used HMIS to complete the enumeration of unsheltered homeless people
☐	**Other** – please specify:
(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:	
☐	**Complete coverage** – The CoC counted every block of the jurisdiction
☐	**Known locations** – The CoC counted areas where unsheltered homeless people are known to congregate or live
☒	**Combination** – CoC counted central areas using complete coverage and also visited known locations
☐	**Used service-based or probability sampling** (coverage is not applicable)
(3) Indicate community partners involved in point-in-time unsheltered count (check all that apply):	
☒	**Outreach teams**
☒	**Law Enforcement**
☒	**Service Providers**
☒	**Community volunteers**
☐	**Other** – please specify**:**
(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count (check all that apply):	
☒	**Training –** Conducted a training for point-in-time enumerators
☒	**HMIS –** Used HMIS to check for duplicate information
☐	**Other –** specify:
(5) How often will counts of unsheltered homeless people take place in the future?	
☐	Biennial (every two years)
☐	Annual
☒	Semi-annual
☐	Quarterly
☐	Other – please specify:
(6) Month and Year when next count of unsheltered homeless persons will occur: 8/2006	

*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered   CoC-L-2
enumeration techniques.

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information is to be as of the date of application submission.

M-1: HMIS Lead Organization Information

Organization Name: Center for Children, Families, and the Law	Contact Person: Tamara Cartwright
Phone: (402) 472-4738	Email: tcartwright2@unlnotes.unl.edu
Organization Type: State/local government ☐ Non-profit/homeless provider ☐ Other ☒	

<div align="right">CoC-M-1</div>

M-2: List HUD-defined CoC Name(s) and Number(s) for <u>*every*</u> CoC included in HMIS Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Lincoln CoC	NE 502		

*Find HUD-defined CoC names & numbers at: http://www.hud.gov/offices/adm/grants/fundsavail.cfm   CoC-M-2

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC (mm/yyyy)	or	Anticipated Data Entry Start Date for your CoC (mm/yyyy)	If no current or anticipated data entry date, indicate reason:
04/2004			☐ New CoC in 2006 ☐ Still in planning/software selection process ☐ Still in initial implementation process

<div align="right">CoC-M-3</div>

M-4: Client Records**

Calendar Year	Total Client Records Entered in HMIS / Analytical Database (Duplicated)	Total Unduplicated Client Records Entered in HMIS / Analytical Database
2004	1,582	1,521
2005	5,431	5,071

<div align="right">CoC-M-4</div>

M-5: HMIS Participation**

a) HMIS participation by program type and funding source (please review instructions)

Program Type	Total number of agencies	Number of agencies participating in HMIS <u>receiving</u> HUD McKinney-Vento funds	Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney-Vento funds
Street Outreach	4	2	2
Emergency Shelter	3	2	1
Transitional Housing	14	10	4
Permanent Supportive Housing	2	1	1
TOTALS:	23	15	8

b) Definition of bed coverage in HMIS (please review instructions)

Program Type	Date achieved or anticipate achieving 75% bed coverage (mm/yyyy)
Emergency Shelter (all beds)	9/2005
Transitional Housing (all beds)	9/2007
Permanent Supportive Housing (McKinney-Vento funded beds only)	9/2007

Challenges and Barriers: Briefly describe any significant challenges/barriers the CoC has experienced in:
1. HMIS implementation:
The Lincoln CoC has been very successful in implementing HMIS at the majority of CoC service providers. However, implementation at Domestic Violence shelters continues to be a challenge.

2. HMIS Data and Technical Standards Final Notice requirements
Software and provider issues with Service Point, and the inability of the system to sort or separate individuals in families, and family units, in addition to issues preventing agencies from utilizing the HMIS to complete the APR, present barriers to HMIS Data and Technical Standards

M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards

1. **Training Provided (check all that apply)**	**YES**	**NO**
Basic computer training	☐	☒
HMIS software training	☒	☐
Privacy / Ethics training	☒	☐
Security Training	☒	☐
System Administrator training	☒	☐
2. CoC Process/Role		
Is there a plan for aggregating all data to a central location, at least annually?	☒	☐
Is there a plan to monitor compliance with HMIS Data & Technical Standards Final Notice?	☒	☐
3. Data Collection Entered into the HMIS		
Do all participating agencies submit universal data elements for **all** homeless persons served?	☒	☐
Do all agencies required to complete a HUD APR, except agencies meeting the definition of domestic violence provider, submit program level data elements to HMIS?	☒	☐
4. Security: Participating agencies have:		
Unique username and password access?	☒	☐
Secure location?	☒	☐
Locking screen savers?	☒	☐
Virus protection with auto update?	☒	☐
Individual or network firewalls?	☒	☐
Restricted access for HMIS accessed via public forums (e.g. PKI digital certificates or IP filtering)?	☐	☒
5. Security: Agency responsible for centralized HMIS data collection and storage has:		
Procedures for off-site storage of HMIS data?	☒	☐
Disaster recovery plan that has been <u>tested</u>?	☒	☐
6. Privacy Requirements		
Have additional State confidentiality provisions been implemented?	☒	☐
Is there a "Purpose for data collection" sign at each intake desk for all participating agencies?	☒	☐
Does each participating agency have a written privacy policy, including the uses and disclosures of information	☒	☐
Does each participating agency have a privacy policy posted on its website (if applicable)?	☒	☐
7. Data Quality: CoC has protocols for:		
Client level data quality (i.e. missing birth dates etc.)?	☒	☐
Program level data quality (i.e. data not entered by agency in over 14 days)?	☒	☐
Assessing CoC bed coverage (i.e. % of beds)?	☒	☐
8. Unduplication of Client Records: CoC process:		
Uses data in the HMIS exclusively to generate unduplicated count?	☒	☐
Uses data integration or data warehouse to generate unduplicated count?	☐	☒

CoC-M-6

Part III: CoC Strategic Planning

N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Please provide local action steps and measurable achievements for attaining each of the 5 national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals to permanent housing. In the column labeled "Lead Person," please list one individual that is responsible for ensuring that the objective is met. You may list additional CoC objectives as needed. Please note that your Continuum will be reporting on your achievements with respect to each of these objectives in the 2007 application.

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	Local Action Steps (How are you going to do it? List action steps to be completed within the next 12 months.)	Measurable Achievement in 12 months	Measurable Achievement in 5 years	Measurable Achievement in 10 years	Lead Person (Who is responsible for accomplishing CoC Objectives?)
1. Create new PH beds for chronically homeless persons.	1. Create 4 new units of PH for persons with disabilities. 2. Expand Cornhusker Place inventory to include 9 PH Beds. 3. Seek funding opportunities to support the development of additional PH beds for the CH	13 Beds	15 beds	25 beds	Merry Wills: Chair, CoC SHP Committee
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	1. Utilize CenterPointe Permanent Housing Project rental subsidies. 2. Provide supportive services to CenterPointe's Permanent Housing Project consumers to ensure participant success	50%	71%	Greater than 71%	Merry Wills: Chair, CoC SHP Committee
3. Increase percentage of homeless persons moving from TH to PH to 61%.	1. Utilize Long Range Planning Committee to develop strategies to increase percentage of consumers who move from TH to PH, i.e., publish materials emphasizing PH options, outreach to commercial real estate organizations, formalize PH strategies available to case managers,	57%	61%	Greater than 61%	Merry Wills: Chair, CoC SHP Committee

	etc…. 2. Implement committee strategies and goals				
4. Increase percentage of homeless persons becoming employed by 11%.	1. Utilize Long Range Planning Committee to develop strategies, and goals to increase percentage of homeless persons who gain employment i.e., publish materials emphasizing employment options, collaboration with the local One Stop, formalize employment strategies available to case managers, etc….	25%	30%	35%	Beth Vavrina: Chair, CoC Long Range Planning Committee
5. Ensure that the CoC has a functional HMIS system.	1. Continue collaboration with the lead HMIS entity (Center for Children, Families, and the Law) 2. Continue on-going training of agency HMIS users 3. Continue regular meetings of the HMIS Committee	Emerg. Shelter providers using HMIS Ind: 100% Fam: 75% TH providers using HMIS: Ind: 60% Fam: 80% PH providers using HMIS Ind: 10%	Emerg. Shelter providers using HMIS Ind: 100% Fam: 90% TH providers using HMIS Ind: 70 % Fam: 90% PH providers using HMIS Ind: 50%	Emerg. Shelter providers using HMIS Ind: 100% Fam: 100 TH providers using HMIS: Ind: 100% Fam: 100% PH providers using HMIS Ind: 100%	Tamara Cartwright: CoC HMIS Director
Other CoC Objectives in 2006					
1.Development and implementation of the Lincoln/Lancaster County Community Services Initiative (CSI)	1. Plan approved by Mayor	Plan Approved by Mayor	75% of Strategies Implemented	100% of Strategies Implemented	

1a.. Increase the number of eligible individuals who access food stamps in Lancaster County.	1a. Collaborate with the State Department of Health & Human Services to simplify Food Stamp registration process, seek Federal funds to assist with promotion and outreach, increase participation in the Food Security Coalition	Establish Food Stamp usage baseline	Increase Food Stamp usage in the community by 5%	Increase Food Stamp Usage in the community by 10%	Wynn Hjermstad: CSI / BENSS Coalition Manager
1b.. Increase the number of eligible individuals who access the Earned Income Tax Credit (EITC)	1b. Collaborate with Human Service providers to train volunteers, promote awareness, and provide tax assistance to low-income individuals	Establish EITC baseline	Increase total of EITC access in Lancaster County by 5%	Increase total of EITC access in Lancaster County by 10%	
2. Expand consumer engagement to assure quality of existing programs.	1. Increase consumer representation at monthly CoC meetings 2. Increase percentage of consumer participation on CoC committees	Consumers attend 75% of monthly meetings Consumers Regularly attend 20% of sub-committee meetings	Consumers attend 85% of monthly meetings Consumers Regularly attend 40% of sub-committee meetings	Consumers attend 95% of monthly meetings Consumers Regularly attend 60% of sub-committee meetings	Beth Vavrina: Chair, Consumer Engage. Committee
3. Increase public awareness and understanding of homelessness	1. Develop and publish newsletter twice a year, highlighting PIT data, success stories, services, etc… 2. Recruit and providing orientation for new CoC attendees 3. Conduct yearly event recognizing consumer success stories and service provision	Publish Newsletter twice yearly Recruit 6 new CoC participants Conduct yearly event	Publish Newsletter twice yearly Recruit 12 new CoC participants Conduct yearly event	Publish Newsletter twice yearly Recruit 20 new CoC participants Conduct yearly event	Kim Green: Chair, Public Awareness & Education Committee
4. Support the Nebraska Behavioral Health Reform Act	Ensure that clients in State institutions are not discharged into homelessness by utilizing the 70 vouchers available	50% 35 Vouchers Utilized	100% 70 vouchers Utilized	Maintain 100% utilization	Merry Wills: Chair SHP Committee

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being discharged from publicly funded institutions or systems of care. Check "Yes" or "No" in each box, as appropriate. *If "Yes" is indicated for "Formal Protocol Finalized" or "Formal Protocol Implemented," include a brief summary of the formal protocol for each applicable system category. Your response in this section should take up less than 2 pages.

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized*	Formal Protocol Implemented*
Foster Care	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No
Health Care	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No
Mental Health	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No
Corrections	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No

Foster Care: State policy addresses discharge from state foster care, out-of-home care, and general custody. A Policy and Procedures Manual guides the work of Protection and Safety. Discharge planning protocols seek to ensure a smooth transition from wardship to community living, connecting youth to needed community supports, while recognizing the strengths and needs of the ward. The protective service worker plan ensures that the youth continues to receive supported living into adulthood (the age of majority, which is 19) and reflects the need for any continuity of programmed services, such as educational and vocational services. The Transitional Plan to Adult Living through the school district is to be used for those receiving special education services. Wards with other mental or physical disabilities are linked to specialized support services to make the transition to living within the community. While a case is closed when the ward/youth reaches the age of majority, the youth should maintain significant relationships and be connected to future case management when warranted. (The Policy & Procedures Manual is currently under revision. (5/2006)

Health Care: Charles Drew Health Center in Omaha is the only publicly funded institution/system of care in NE. Lincoln's CoC benefits from arrangements regarding discharge from privately funded institutions/systems of care in relationship to behavioral health reform. Case Managers employ discharge planning that ensures a smooth transition from health care to community living, ensuring that supportive services, resources, and referrals are in place prior to housing.

Mental Health: When an individual is committed to a State Regional Center, the discharge planning process starts. The goal is to return the individual to the community and the appropriate level of housing and needed services (if required). All planned discharges include appropriate housing and community services. The Nebraska Housing Related Assistance Program, authorized under Neb. Rev. Stat. 71-812(3) and consistent with the intent of Nebraska's Behavioral Health Reform, is to help those who are experiencing extreme housing burden. To be eligible, the adult has a serious mental illness; an Individual Service Plan with a goal of independent living; has HHSS Authorized Behavioral Health Services; has documented efforts to fully exhaust local options available in seeking rental assistance administered by local housing authorities and/or other entities; is Extremely Low Income; and (f) meets one of the following criteria: is discharged from an inpatient mental health commitment; is eligible to move from a residential level of care to independent living to make room for a person being discharged from an inpatient mental health commitment; is at risk of an inpatient mental health commitment, at least in part because of lack of affordable independent housing.

Corrections: Case managers are responsible for conducting discharge planning for assigned caseloads. The intent of discharge planning is to prepare the inmate for release and transition to the community. As much as possible, inmates are encouraged to enroll in the pre-release program; this is mandatory for NE Corrections Youth Facility inmates. The discharge plan consists of educational or vocational goals, a housing plan, consideration of behavioral health plan for a continuum or care upon release. The plan is revised at regular interviews. The final discharge plan is completed to those discharging without the benefit of parole at least 90 days prior to discharge. This final plan reviews the reasons for discharge without parole and is used to aid the transition into the community. Each facility must develop procedures for coordinating community resources to assist in the final discharge plan. Written procedures are in place for releasing inmates.

CoC-O

P: CoC Coordination Chart

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of the existing homeless system and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs. Answer each question in the checkbox provided, using an X to indicate Yes or No for each.

Consolidated Plan Coordination	YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	☒	☐
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	☒	☐
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	☒	☐
Jurisdictional 10-year Plan Coordination		
a. Are there separate formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography? (If No, you may skip to the next section of this chart.)	☐	☒
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	☐	☐
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	☐	☐
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	☐	☐
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).		
Policy Academy* Coordination	**YES**	**NO**
a. Do CoC members participate in State Policy Academy meetings, focus groups, public forums, or listservs?	☒	☐
b. Were CoC strategic plan goals adopted by the CoC as a result of communication/coordination with the State Policy Academy Team?	☒	☐
c. Has the CoC or any of its projects received state funding as a result of its coordination with the State Policy Academy?	☐	☒
Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	☒	☐
Coordination with State Education Agencies		
a. Did the CoC provide the state education agency with a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18?	☒	☐

*A State Policy Academy is a state-level process designed to help state and local policymakers improve access to mainstream services for people who are homeless. For more information about getting involved in a State Policy Academy, see http://www.hrsa.gov/homeless.

CoC-P

CoC 2006 Funding Priorities

Q: CoC Project Priorities Chart

For further instructions for filling out this section, see the Instructions section.

HUD-defined CoC Name:* Lincoln CoC						CoC #: NE 502			
(1) SF-424 Applicant Name (Please Remove Examples)	**(2)** Project Sponsor Name	**(3)** Project Name	**(4)** Priority	**(5)** Requested Project Amount ***	**(6)** Term	**(7) Program and Component Type**			
						SHP New	SHP Renewal	S+C New	SRO New
City of Lincoln	CenterPointe, Inc.	Shelter + Care for the Chronically Homeless	1	$89,940	5			SRA	
Lincoln Action Program	Lincoln Action Program	Supportive Housing Program	2	$449,539	1		TH		
CenterPointe, Inc.	CenterPointe, Inc.	Glide PATH	3	$187,612	1		TH		
CenterPointe, Inc.	CenterPointe, Inc.	Residential Treatment	4	$443,273	1		TH		
St. Monica's	St. Monica's	Women in Transition	5	$140,456	1		TH		
Cedars	Cedars	New Futures	6	$130,707	1		TH		
Catholic Social Services	Catholic Social Services	Transitions Project	7	$93,683	1		TH		
(8) Subtotal: Requested Amount for CoC Competitive Projects:*				**$ 1,535,210**					
(9) Shelter Plus Care Renewals:**						**S+C Component Type**			
			7		1				
			8		1				
			9		1				
(10) Subtotal: Requested Amount for S+C Renewal Projects:				**$**					
(11) Total CoC Requested Amount:				**$ 1,535,210**					

CoC-Q

*HUD-defined CoC names & numbers are available at: http://www.hud.gov/offices/adm/grants/fundsavail.cfm
**Place the component type (PH, TRA etc.) under the appropriate program for each project in column 7.
***The requested project amount **must not** exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the **project budget will be reduced** to the amount shown on the CoC Project Priorities Chart.
****For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please **do not** restart S+C project priority numbering from 1.

R: CoC Pro Rata Need (PRN) Reallocation Chart
(Only for Eligible Hold Harmless CoCs)

CoCs that receive the 1-year Hold Harmless PRN amount may reduce or eliminate one or more of the SHP grants eligible for renewal in the 2006 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These new project(s) may be for SHP, S+C, and Section 8 SRO projects and their respective eligible activities.

Advisory Warning: According to the CoC competitive process, a CoC that scores below the initial funding line will not have the new projects on this chart funded. As such, the reallocated funds that had been used for renewals would no longer be available to the CoC.

1. Will your CoC be using the PRN reallocation process? ☐ Yes ☒ No					
If Yes, explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).					

2. Enter the total 1-year amount of *all* SHP projects that are eligible for renewal in 2006, which amount you have verified with your field office:	*Example:* $530,000	$
3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing projects, and enter the remaining amount: *(In this example, the amount proposed for new PH projects is $140,000)*	*Example:* $390,000	$

4. Enter the Reduced or Eliminated Grant(s) in the 2006 Competition

(1) Expiring Grants	(2) Program Code	(3) Component	(4) Annual Renewal Amount	(5) Reduced Amount	(6) Retained Amount from Existing Grant
Ex: MA01B300002	SHP	TH	$100,000	$60,000	$40,000
Ex: MA01B400003	SHP	SSO	$80,000	$80,000	$0
(7) TOTAL:					

5. Newly Proposed Permanent Housing Projects in the 2006 Competition

(8) 2006 Project Priority Number	(9) Program Code	(10) Component	(11) Transferred Amounts
Example: #5	SHP	PH	$90,000
Example: #12	S+C	TRA	$50,000
(12) TOTAL:			

CoC-R

S: CoC Project Leveraging Summary Chart

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including State and local appropriated funds, to address homeless needs.

Enter the name of your Continuum and list the total amount of leveraged resources available. To get this number, find the total at the bottom of the Project Leveraging Chart for all Exhibit 2 project applications, add up all of these the totals, and enter this single number in the chart below. Complete only one chart for the entire CoC (do *not* add any rows). Provide information *only* for contributions for which you have a *written commitment in hand at the time of application*.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Continuum	Total Value of Written Commitment
Example: River County CoC	$10,253,000
Lincoln CoC	$2,270,690

<div align="right">CoC-S</div>

T: CoC Current Funding and Renewal Projections Chart

Congress has asked HUD to provide estimates of expected renewal amounts over the next five years. Please complete the chart below to help HUD arrive at the most accurate estimate possible. For further instructions in filling out this chart, see the Instructions section.

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:

Type of Housing	All SHP Funds Requested (Current Year)	Renewal Projections				
	2006	2007	2008	2009	2010	2011
Transitional Housing (TH)	$1,445,270	$1,445,270	$1,445,270	$1,445,270	$1,445,270	$1,445,270
Safe Havens-TH						
Permanent Housing (PH)						
Safe Havens-PH						
SSO						
HMIS						
Totals	$1,445,270	$1,445,270	$1,445,270	$1,445,270	$1,445,270	$1,445,270

Shelter Plus Care (S+C) Projects:

Number of Bedrooms	All S+C Funds Requested (Current Year)		Renewal Projections									
	2006		2007		2008		2009		2010		2011	
	Units	$	Units	$	Units	$	Units	$	Units	$	Units	$
0												
1	4	89,940										
2												
3												
4												
5												
Totals	4	89,940	0	0	0	0	0	0	0	0	0	0

Part IV: CoC Performance

U: CoC Achievements Chart

Enter the goals and action steps that you that you listed on your 2005 CoC application and briefly describe measurable achievements in the past 12 months. The information provided in the first two columns should be the same as provided in the 2005 CoC application. Add rows as needed.

Goals	Action Steps	Measurable Achievements
Chronic Homelessness Goals		
1. Publish 10 Year Plan to End Chronic Homelessness	1. Review existing plans	1. Completed 8/05
	2. Present draft of plan to CoC	2. To be completed by 9/06
	3. Present draft of plan to Mayor's Office	3. To be completed by 10/06
	4. Finalize Plan	4. To be completed by 11/06
2. Implement HMIS at Emergency Shelters	1. Conduct training for staff at People's City Mission	1. Completed 5/05
	2. Customize HMIS capabilities to meet People's City Mission organizational needs	2. Completed 8/05
	3. Begin planning and discussions with other emergency shelters regarding HMIS implementation	3. Completed 10/05
3. Establish accurate baseline for Chronic Homeless Count.	1. Review existing Point-in-Time count procedures developed by other communities	1. Completed 6/05 (process revised and tested in 10/05 PIT survey/count)
	2. Recruit assistance/expertise/volunteers for Point-in-Time count from the University of Nebraska	2. Completed. AmeriCorps volunteers trained and utilized in 10/05 survey/count
	3. Develop new policies and procedures for Point-in-Time count	3. Completed. PIT Committee presented updates and utilized feedback from CoC regarding revised format and procedures, formally adopted at 9/05 CoC meeting
	4. Present Point-in-Time count process to CoC	4. Completed 9/05

	5. Conduct Point-in-Time count	5. Completed 10/05
4. Expand addiction and dual diagnosis services to the chronically homeless	1. Explore funding options to expand behavioral health services and case management capacity	1. Completed. State legislature passed LB 1083, the Behavioral Health Reform Act, which provides additional case management services and established the Assertive Community Treatment program, in addition to providing funding for additional beds in Lincoln
	2. Reinforce priority of services to the chronically homeless at CoC meetings, and Long Range Planning committee meetings	2. Completed
	3. Complete construction/rehab of permanent supportive housing facility at Cornhusker Place (9 beds)	3. In progress, expected completion date 8/1/06
Other Homelessness Goals		
1.Development and implementation of the Lincoln/Lancaster County Community Services Initiative.	1. Participate in the CSI planning and implementation process	1. Draft of Basic & Emergency Needs/Self-Sufficiency (BENNS) needs analysis and strategies completed 11/05. Plan scheduled for formal approval by Mayor's office, Human Services Federation, CoC, etc… by 08/06
2.Establish, maintain, and improve services at all levels of Lincoln's CoC for homeless persons	1. Expand peer support process to assure quality control of existing programs	1. Completed 10/05. Peer Support committee developed consumer survey component to be included in annual peer support process
	2. Create additional formal and informal links between service providers at all levels of care	2. Completed 1/05. Merging of Homeless Coalition and Continuum of Care (as detailed in the 2005 SHP application) resulted in formal structure for various committees and subcommittees that provides a seamless approach to addressing gaps and needs in the community, and provides a formal link among service providers, consumers, local government, law enforcement, funders, and other homeless stakeholders in the community

	3. Provide technical assistance to homeless service providers in developing new programs and securing funding (i.e., SHP) as needed	3. Completed 5/06. The SHP committee provides analysis and technical support to assist agencies in addressing needs and developing funding proposals
	4. Coordinate the allocation of funding resources from all available sources to assure that the best possible use is made of limited dollars, and that the most pressing needs are given priority	4. Scheduled for formal approval by Mayor's Office, CoC, etc…by 8/06. Draft of Basic & Emergency Needs/Self-Sufficiency (BENNS) needs analysis and strategies completed 11/05. The plan includes an examination of funding sources, and goals and strategies aimed at addressing gaps in services
3. Fully Implement HMIS	1. Continue outreach efforts	1. On going. During 2005-06, the HMIS expanded to include implementation of agencies or programs at the People's City Mission , Houses of Hope, Lincoln Action Program, and Catholic Social Services. Currently, the HMIS includes participation of 14 agencies and 41 programs
	2. Obtain additional funding to support expanded participation and administration	2. Completed 8/05. The HMIS was successful in obtaining funding from the Nebraska Homeless Assistance Program, which is being used to support administration of the project, as well as aiding expansion
4. Increase public awareness and understanding of homelessness	1. Develop public awareness materials	1. Completed 4/06. Public Awareness committee developed, produced, and distributed a newsletter highlighting information from the 10/05 Point-in-Time survey, to a mailing list of over 800 agencies and individuals
	2. Present materials to CoC	2. Completed 3/06. The Public Awareness committee provides updates and distributes drafts of materials at monthly CoC meetings, in addition to monthly Executive committee meetings

	3. Distribute materials	3. Completed 4/06. Newsletter mailed in 4/06. In addition, various local homeless data and information is posted on the Nebraska State Health and Human Services website
	4. Hold event recognizing homeless service success stories	4. Completed 11/05
5. Support the Nebraska Behavioral Health Reform Act	1. Implement rental program to assist with consumers transitioning from state facilities to community based facilities	1. On-going

<div align="right">CoC-U</div>

V: CoC Chronic Homeless (CH) Progress Chart

This chart should be based on January 2006 point-in-time counts. For further instructions in filling out this chart, please see the Instructions section.

Year	(1) Number of CH Persons	(2) Number of PH beds for the CH	(3) New PH beds for the CH between Feb. 1, 2005 – Jan. 31, 2006	(4) Identify the cost of the <u>new</u> CH beds from each funding source			
				Public			Private
				Federal	State	Local	
2004	169	0					
2005	145	0					
2006	145	0	6	$37,118	$0	$0	$0

(5) Briefly describe the reason(s) for any changes in the total number of the chronically homeless between 2005 and 2006 (use less than one-half page).

CenterPointe obtained funds to support 30 units of permanent housing in the 2004 SHP competition. The Permanent Housing Project began operation in February 2006. Currently, this remains the only permanent housing project in the community. Of the 30 units available, 6 beds are specified for the chronically homeless. Furthermore, the Lincoln CoC did not conduct a Point-in-Time count in 2006 (the CoC tested a new survey format on a limited basis in 10/05), and is simply noting the CH total from the 2005 count, as identified in the application instructions.

<div align="right">CoC-V</div>

W: CoC Housing Performance Chart

The following chart will assess your CoC's progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year's competition for the applicable areas presented below, check the appropriate box in the chart.

1. Participants in Permanent Housing	
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:	
☒ No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
☐ <u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below	
a. Number of participants who **exited** PH project(s)—APR Question 12(a)	
b. Number of participants who did **not leave** the project(s)—APR Question 12(b)	
c. Number who **exited** after staying 7 months or longer in PH—APR Question 12(a)	
d. Number who did **not leave** after staying 7 months or longer in PH—APR question 12(b)	
e. Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)	%
2. Participants in Transitional Housing (TH)	
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH *not* identified as permanent housing. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 14 for TH renewal projects included on your CoC Priorities Chart.	
☐ No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
☒ <u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a. Number of participants who exited TH project(s)—including unknown destination	188
b. Number of participants who moved to PH	115
c. Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)	61 %

CoC-W

X: Mainstream Programs and Employment Project Performance Chart

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart. For further instructions for filling out this section, see the Instructions section at the beginning of the application.

☐	No applicable renewal projects for the Mainstream Programs and Employment Chart included in the CoC Priorities Chart.
☒	<u>All</u> non-HMIS renewal projects on the CoC Priorities Chart that submitted an APR are included in calculating the responses below.

(1) **Number of Adults Who Left (Use same number in each cell)**	(2) **Income Source**	(3) **Number of Exiting Adults with Each Source of Income**	(4) **Percent with Income at Exit (Col 3÷Col 1 x 100)**
156	a. SSI	16	10
156	b. SSDI	11	7
156	c. Social Security	0	0
156	d. General Public Assistance	6	3
156	e. TANF	27	17
156	f. SCHIP	0	0
156	g. Veterans Benefits	0	0
156	**h. Employment Income**	34	21
156	i. Unemployment Benefits	2	1
156	j. Veterans Health Care	2	1
156	k. Medicaid	26	16
156	l. Food Stamps	76	48
156	m. Other (please specify)	12	7
156	n. No Financial Resources	44	28

CoC-X

Y: Enrollment and Participation in Mainstream Programs Chart

It is fundamental that your CoC *systematically* helps homeless persons identify, apply for and follow-up to receive benefits under **SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.** Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

	Check those activities implemented by **a majority** of your CoC's homeless assistance providers (check all that apply):
☒	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
☒	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
☐	The CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
☒	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
☐	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
☐	The CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
☒	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
☒	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
☒	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

CoC-Y

Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
Example: MI23B901002	Michiana Homes, Inc.	TH for Homeless	$514,000
N/A	N/A	**N/A**	N/A
		Total:	

CoC-Z

AA: CoC Participation in Energy Star Chart

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. For information on the Energy Star initiative go to: http://www.energystar.gov.

Have you notified CoC members of the Energy Star initiative? ☒Yes   ☐ No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: _83_%

<div align="right">CoC-AA</div>

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	☐	☒
2. **If you answered yes to Question 1:** Is the project requesting $200,000 or more?	☐	☐
3. **If you answered yes to Question 2:** What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")? **Check all that apply:** ☐ The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates. ☐ The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc. ☐ The project will notify any area Youthbuild programs of job opportunities. ☐ If the project will be awarding competitive contracts of more than $100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"** in all solicitations and contracts.		

*A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; <u>or</u> at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; <u>or</u> evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided.

**The "Section 3 clause" can be found at 24 CFR Part 135.

<div align="right">CoC-AB</div>